



**PUBLIC DISCLOSURE COMMISSION**  
**711 CAPITOL WAY RM 206**  
**PO BOX 40908**  
**OLYMPIA WA 98504-0908**  
**(360) 753-1111**  
**TOLL FREE 1-877-601-2828**

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(11/93)

THIS SPACE FOR OFFICE USE

Candidate or Committee Name (Do not abbreviate. Use full name.)

HOUSE REPUB ORG COMM

12/11/2006

Mailing Address

PO BOX 7222

City Zip + 4 Office Sought (candidates)

OLYMPIA WA 985077222

## 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
11/27/2006	a. Anonymous.....\$..	0.00 \$	0.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....\$..	0.00 \$	0.00
	c. Loans, notes, security agreements. Attach Schedule L.....\$..	0.00	
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation.....\$..	226.09	
	e. Small contributions \$25.00 or less not itemized and number of persons giving (persons) \$..	0.00	

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:*	P R I	G E N	Amount	Aggregate* Total
11/27/2006	REELECT JIM BUCK PO BOX 174 JOYCE WA 98343	Occupation			\$10,000.00	\$12,500.00
11/27/2006	COMMITTEE TO RE-ELECT ED ORCUTT PO BOX 1280 KALAMA WA 98625	Occupation			\$5,000.00	\$5,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total				
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages				

## 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

\$15,226.09

4. Date of Deposit

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Treasurer's Daytime Telephone No.:

\$15,226.09

**\*See next  
page for  
details.**

11/27/2006

(509) 679-0222

## Statement of Miscellaneous Receipts

### Attachment to Form C3

**Candidate or Committee Name**  
HOUSE REPUB ORG COMM

**Deposit Date**  
12/11/2006

Date Received	Payee's Name, Address, City, State, Zip	Description	Amount
11/27/2006	SAFECO BUSINESS INSURANCE 501 S BERNARD ST FL 3 SPOKANE WA 99204	REFUND OF AUTO INSURANCE	\$ 226.09
Subtotal this page			\$ 226.09
Total			\$ 226.09